

Surgeon General's Conference on the
Prevention of Preterm Birth

COMMUNICATIONS & OUTREACH WORKGROUP

Co-Chairs

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Key Issues

- How do we effectively communicate the scope and risks of preterm birth and the available effective therapies?
- How do we identify and dispel myths and misconceptions that currently exist?
- What tools do we use to communicate these issues?

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Key Issues

- How do we address and eliminate health disparities?
- How do we acknowledge culture to improve health literacy?
- How do we continue the efforts towards communications and outreach after the Surgeon General's conference?

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Methodology

- IDENTIFY (Audience)
- INFORM (Message)
- INCENTIVIZE (Buy In)

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Primary Group Goal

- Establish a National Education and Action Program to communicate what we know about preterm birth and how to reduce its incidence

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Short-term Goals

- Reactivate the Interagency Coordinating Council on Prematurity and Low Birthweight
- Identify and reach high-risk groups and their health care providers. The groups include but are not limited to:
 - Women who have had prior preterm birth
 - Racial and ethnic groups
 - Demographic groups (low socioeconomic status, rural, reservations)

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Short-term Goals

- High-risk groups and their health care providers:
 - Assisted reproductive technology (ART)
 - Multiple gestations
 - Short cervix
 - High-risk pregnancy (e.g., pre-existing medical conditions, gestational diabetes, preeclampsia)

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Short-term Goals

- Identify stakeholders and form partnerships to develop and implement communication strategies for preventing preterm birth:
 - Ensure culturally appropriate health education and health literacy tools
 - Highlight the importance of preconception, prenatal care, post partum and inter-conception care

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Short-term Goals

- Disseminate information related to:
 - Evidence-based treatment plans
 - Evidence-based best practices
 - Evidence-based research findings

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Mid-term Goals

- Develop a self-assessment instrument to help an individual understand her risk for preterm birth
- Support and evaluate innovative, needs-specific community outreach programs that educate the public and high-risk populations on the causes, risks, and prevention of preterm birth

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Mid-term Goals

- Develop culturally appropriate general population messages and programs that communicate the risks and consequences of preterm birth and highlight best practices to improve birth outcomes

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Mid-term Goals

- Identify, inform, and recruit as stakeholders
 - Pregnant women, their partners and families
 - Women of childbearing age
 - Health care providers (including but not limited to dentists, pharmacists, nurses, counselors, and community workers)
 - Policy makers (elected officials, insurance companies)

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Mid-term Goals

- Inform and recruit as stakeholders
 - Employers
 - Media
 - Industry (e.g., retailers, manufacturers, pharmaceutical companies)
 - Community Organizations (e.g., faith based organizations, sororities, salons, fraternities)
 - Advocacy Groups (e.g., grassroots)
 - Military
 - Prison Systems

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Mid-term Goals

- Incentivize: Leave no stone unturned
 - Electronic (television, radio)
 - Digital (Internet, podcasts, blogs)
 - Social media (myspace, youtube)
 - Traditional press (newspaper, magazines, popular press)
 - Culture-specific publications

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Mid-term Goals

- Incentivize: Leave no stone unturned
 - Celebrities and entertainers
 - Health care provider offices
 - Community partners
 - Grass-roots organizations

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Long-term Goals

- Establish a Surgeon General's Task Force on Preterm Birth
 - Communicate the most recent scientific knowledge, evidence-based treatments and best practices, programs, and interventions related to preterm birth to identify future research and public outreach priorities every two years

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Specific Recommendations

- Expand communication and outreach efforts to include a diverse group of health care providers beyond the traditional players to include dentists, residents, medical students, pharmacists, doulas, school nurses, health educators, community health workers, midwives, nurse practitioners, physician assistants, mental health workers, social workers, and counselors

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Specific Recommendations

- Expand communication and outreach efforts to include a diverse group of the general public including women of childbearing age, young adults, families, and men
- Develop educational campaigns aimed at employers to highlight the impact and cost of preterm birth on the workplace
- Advocate for affordable health care for all women

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Specific Recommendations

- Focus short-term initiatives on efforts that focus on prevention of known risk factors
 - Family planning and inter-conception care
 - Frame prevention of preterm birth as a public health issue
 - Behavioral modification (smoking, nutrition, weight gain and loss, safe sex practices)
 - Environmental contributors (stress, violence, environmental toxicants)
 - Access to early prenatal care

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Specific Recommendations

- Influence social marketing and prime-time programming to communicate the entire story of preterm birth including risks associated with multiple gestations and the consequences of preterm birth
- Ensure multicultural, multidisciplinary partnerships across academia and private and public sectors to reduce overlap and to develop and implement effective communication strategies

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Specific Recommendations

- Support and fund research to evaluate and measure the implementation and efficacy of communication and outreach interventions
- Replicate successful interventions in multiple settings

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Specific Recommendations

- Create and disseminate a comprehensive list of partners committed to addressing preterm birth including government agencies, foundations, public, private, and community organizations
- Partner with the correction system (prisons, jails) regarding the causes, costs, risks, and consequences of preterm birth and the importance of prevention